William Thom Richards

File with: lowa Ethics and Campaign Disclosure Board	Reser Form)		(Z)
510 E. 12 ^h , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCT DISCLOSUR	IONS, SEE BACK OF FORM E SUMMARY PAGE		0123 A	. • • • • •
COMMITTEE NAME (Must be			- 4	D: 2J 4	
Richards for Supervisor		3		FORM	
IMPORTANT. Indicate by # type (1) Statewide/Legislative/Judge 5 (4) County Central Committee (5 Subdivision Candidate (8) Count (1) Local Ballot Issue	Standing for Retention Candidate	or: 5 (2)State PAC (3)State Party ndidate (7)School Board or Other Politi ol Board or Other Political Subdivision PA	Sal (F	DR-2 Rev. 07/2007) or Office Use On	
CANDIDATE COMMITTEES Candidate Name William Thom Richards	ONLY:	Political Party (if applicable) Democrat	Lo So	gged In	
Office Sought County Board of Supervise	or	District (if Senate or House)	A	dited	
]CHECK IF AMENDMENT TO	port date) D REPORT DATED	of Dissolution Form DR 2	Local Comm	ittees, enter Date 4 2 C	of Election
STATEME	NT OF CASH ON HAN	D			
or the last reporting pe	int MUST be the same as the riod or must be zero if this is	otal of all funds held by the cash on hand at the end first report filed.)	s	<u></u>	00
	TAKEN IN THIS PERIOD			0	
Schedule A: Cash Col	ntributions total (Attach Sched	dule A) (*also see in-kind below)	•••••••	700.	00
Schoolide H. Teach	Schedule F: Loans Received total (Attach Schedule F)			<u> </u>	00
Schedule H. Total Sales of Campaign Property (Attach Schedule H)			0.	00	
19 cuednie H	applies to Candidates' Com	·		A	- 6
SUBTRACT TOTAL M	ONEY SPENT THIS PERIOD	SUB-TOTAL	\$	750	,00
) (**àiso see debts and loans below).		7110	5.85
Schedule F: Loan Rep	=== :vie: (\tau ochedule b)	i (**********	740.	
	Schedule F: Loan Repayments total (Attach Schedule F)			_	00
					75
URFAID BILLS (From Schedu	IP D - Attach Schedule D)		s	125.	43

Ç **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ 50,00 CONSULTANT BREAKDOWN (Schedule G Attached?) ___YES 📈 NO CANDIDATE COMMITTEES ONLY; VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in Isouany of each year.

William Thom Richards

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

<u> </u>		
COMMITTEE NAME (Must be s	ame as on	Statement of Organization)
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المراكمين والمراجع المراجع الم		San Market Comme
1716114100	י איסר	Statement of Organization) Sugar Viscov

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RÉCÉIVED	FUND- RAISER INCOME
5/1/08	CK#	Barb How 2835 239th St Fairfield, IA52556		\$ 5O	
5/5/08	TC# CK#	Bub Daniels 1734 Jasmine ANBligg	urtiali	500	
5/12/08 5/2908	ID# CK#	11.4.12		50	
5/2908		501 W Adams FF Clyde Cleveland 502 Fairway Place Fairway Place		100	
	ID# CK#		·		
	ID#	,			
	ID# CK#				
	ID# CK#				
	ID#				Г
	CK#				<u> </u>
	10#				
	CK#		SUS TOTAL	12/2/Y/2	

TOTAL (if last page of this schedule)

Page ____of__

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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100		11.00		71.5

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA LITHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Richards for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/23/08	ID# CK# (5	Fairfield Workly Roseder 518 Broadway Fairfield, Int 52556	Insert in Weakly Reader	\$ 150.00
	CK# C	Postingeter 2nd & Broadway Fairfield IAS2556	Postage	12,60
	CK# D	Luckman's Hardone 119 N. Main St. Fairfield FA 52536	Segn handevena_	9.62
27/08	ID# CK# <u>E</u>	Fairfield Lumber 303 W. Broadway Fairfield IA 52556	sign making materials	12.33
128/08	CK# F	Suminar Crowds 1100 N. 4th St. Fairfield, 1A 52556	Printing insents	78,00
30/08	15.4	Fairfield Ledge v. 112 E. Broodmany Fairfield Int 52556	Display ada	145,95
30/08	CK# /-/	Seminar Crowds 1100N. 4th St. Fair Geld, SA 52556	Printing handouts	22,50
5/31/08	CK# 1-	TSC 1301 W. Broadway Frintield IA 52556	sign stakes	30.32
			SUB-TOTAL	\$460,72

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(I).)

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TOTAL (If last page of this schedule)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Richards for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/3/08	CK# 5	Wal-Mart 1800 W. Burdington Fairfield, IA	sign-making supplies	s 7.23
6/3/8	IĎ# CK# K	Wal-Mart 1800 W Barlington Fairtield, IA	sign makeing supplies	31.83
6/3/08	ID# CK# <u>L</u>	Walkers Office Supply 109-111 W. Broadway Fairfield, IA	Sign-making supplies	34,24
6/24/08	ID# CK#	Check purchese	Check Purghase	15.05
7/3/08	CK# M	Walkers Office Supply 109-111 W. Broadway Find Pind JA	Printer	117.65
	ID# CK#	Jenua State Banka 4th + Burlington Fair field IA	Service charge & sudes tope	1,28
11/08	D# CK# <i>N</i>	Saminar Crowds 1100 N. 4th St. Fairlield, IA 52556	Printing Handouts	45.00
1/5/	ID# CK#	Journ State Banks 4th + Burlington Fairfield, IA	Barte charge	25,00
			SUB-TOTAL	\$ 277.28

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWALLIHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

Richards fo	or Supervisor			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/	ID#	Jour State Bank you + Burgington	Service change +	
8/1/08	CK#	Fairfield, IA 52556	Sales tox	\$ 1.18
41	ID#	Jours State Beach	service change +	+
915/08	CK#	Jowa State Benke 4th + Burlington Fairfield, It 5255%	Sales top	1.07
	ID#			+
	CK#		1	
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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedulc G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee (Refer to Schedulc G instructions and lows Code 68A.402(3)(i).)

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SUB-TOTAL

TOTAL (if last page of this schedule)

740,25

COMMITTEE NAME (Must be same as on Statement of Organization)	7
Richards for Supervisor	
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NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

William Thom Richards

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F) An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period,, regardless of whether an invoice

DATE		has bee	en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/20/08	William Thom Righards	Ostrue Supplies	
, ,	William Thom Richards 806 W Grimes Ave Fairfield, IA52556	Sign Makins	
5/20/03		OSE Le Supplies	\$ 5.98
	۱,	Sign Making Supplied	
5/20/02	1	Supplies + Materials ser	\$ 8526
	//	l .	, ,
C/2 /05/	/\	SignMaking	de 1291
e, 2,00	, ,	Sign Making a	1391
c / J / SE			
6/2/00	/(Sign Posts	\$ 654
6/1/08	1 c	Spay Point.	\$ 103
		for Signs	
5/31/08	1)	Spry Point	308
		for digno	
		\$UB-TOTAL	\$ 12543
	TOTAL DESTS OWED BY COMMITTEE AT TH	(E END OF THIS REPORTING REGION	147
			125-43
*If actual figure is ur	nknown, show "estimated" beside the figure.	P a ge ,] of 2

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

CAROIDATE COMMITTEES NOTE:

(Included in the bisedence of electropy and person relative with which the calculates continuing before and a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or produces services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUC	TIONS, SEE BACK OF FORM			SCHEDULE	
COMMITTE	E NAME (Must be same as on Statement of Organiza	ntion)		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Richards f	or Supervisor		ļ		
<u> </u>			The second second	CHECK AMENDI	THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	V IF FOR FUND-RAISER
6/22/0	Barb How 2835 239th St. Fairley IA52556	" (if applicable)	SIGN Making Website	S 48 CS	CONTRIBUTION
10/9/0	Raphael Burnes Follow IA 525	itep sm	Website Nopign +	C00 00	
		-	SUB-TOTAL TOTAL (If last page of this schedule)	, 618 a	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E)

	William Thom Richards >> 15152814073			
R INSTRUCTIONS, SE	EE BACK OF FORM	班 土土鄉	DOUEDING.	
MMITTEE NAME/MUS	st be same as on Statement of Organization)	this warmen said	SCHEDULE F	
chards for Supervise	•		(Rev. 02/08)	RECI & REI
TE: I his schedule rep	orts money loaned to the committee which is deposited in	the committee account	CHECK	HIS B
	FROM LAST REPORTING PERIOD \$		AMENDIN	IG FOI
RTI - MONETARY LO (Original source	DANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	s involved. Include loans from candid	ele's personal fi	ınds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO	AMOUNT C	FLOAN
(MM/DD/YR)		CANDIDATE (If Applicable*)		
8/7/08	aphael Burnes 07 W Stone airsteld, IA 5255	6 Step 60n	\$ 5	Ω∾
RT II - MONETARY L (Losns forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO	TOTAL (PART I)	\$ 50°	
_	"Must be reported on Schedule F - In-klad Contributions			
DATE PAID	i must de reported on Schedule E — In-kind Contributions			
DATE PAID (MM/DD/YR)	n must be reported on Schedule E — In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT R	EPAID
DATE PAID (MM/UD/YR)	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT RI	EPAID
DATE PAID MM/UD/YR)	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)		

consanguintly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

of _____of___(for Schedule F)